



PET REGISTRATION FORM

Resident Information:

(Check One) Resident Owner(s) Renter(s)

Unit #: _____ Name: _____

Phone: _____ Email: _____

Pet Information:

Pursuant to the Revised Ordinances of Honolulu, effective July 1, 2020, all dogs 3 months of age and older and cats 4 months of age and older must have microchip identification. Microchipping is available at veterinary clinics and many animal welfare nonprofit organizations, including the Hawaiian Humane Society.

Attach photo
here or email
to office.

Pet Name: _____ Breed: _____

Color: _____ Weight: _____ Microchip #: _____

The Collection Pet ID Tag #: _____

Attach photo
here or email
to office.

Pet Name: _____ Breed: _____

Color: _____ Weight: _____ Microchip #: _____

The Collection Pet ID Tag #: _____

Pet Fee: With the Exception of Assistance Animals, Residents with pet dogs and/or pet cats shall pay an annual registration fee to the Association for each pet dog and each pet cat residing in their Unit to defray the Association's additional costs incurred in connection with management of pet-related issues, including costs associated with cleaning and maintenance attributable to the presence of pets and maintenance of the pet registry. Such fee shall initially be **\$75 per pet dog and \$75 per cat, per year**. The annual registration fee shall not apply to Assistance Animals.

Number of Pets: _____ Fee: _____ Collected On: _____ Cash/Check #: _____

***If Renter:** All resident Renters/Tenants who are pet dog owners, shall obtain and carry dog liability insurance covering each pet dog residing in their Unit with stated limits of liability not less than \$500,000.00 per claim for bodily injury and/or personal injury, whereby such liability insurance policy shall name the "Association of Unit Owners of The Collection" as an "Additional Insured" with such coverage primary and non-contributory to any other insurance providing coverage to the Association. Renters/Tenants who are pet dog owners must provide a current Certificate of Insurance evidencing this coverage to the Resident Manager or Managing Agent at the time of pet registration and shall maintain a current Certificate of Insurance for so long as the pet dog or dogs reside in the Unit. This insurance requirement shall not apply to Assistance Animals.

A tenant of a Unit owner must obtain the written consent of the Unit owner to keep a pet or pets in the Unit. Notwithstanding such consent, a tenant may keep only those types of pets which may be kept by a Unit Owner pursuant to the Declaration, Bylaws, and these Association Rules.

Company: _____ Policy #: _____ COI Received? _____

Written Consent received from Owner: _____ Date: _____

Transmittal of Pet Rules & Etiquette:

I, _____ have received the following: (Initial in each box)

A copy of the "Pet Rules & Etiquette" brochure with Section 6, PETS & ASSISTANCE ANIMALS, of The Collection Association Rules

Association provided ID tag #: _____

Indemnity:

By signing this pet registration form, I understand and agree that Each owner of a pet or Assistance Animal and the owner of the Unit in which such pet or Assistance Animal is kept shall indemnify and hold the Association, its officers, directors, agents, and employees harmless from and against any and all claims, liabilities, or damages whatsoever, including, but not limited to reasonable attorneys' fees and costs, arising out of the presence of such pet or Assistance Animal in the Unit and/or the Project. Neither the Association, its officers, directors, agents nor employees shall be liable for any personal injuries, bodily injury damages, general damages, property damages, attorneys' fees and costs or any other damages, of whatever nature, caused by any pet or Assistance Animal at the Project to any Owner, Resident, guest or any other person who may use the Project in any manner, even if caused or contributed to by the negligence of the Association and/or the negligence of any of its officers, directors, agents, or employees as stated in The Collection Association Rules, section 6.13

Resident Name: _____ Signature: _____ Date: _____